



## Fed up with profit-driven health care? New law puts patients first.

"We also need to get our healthcare system itself to be a lot more equitable. So we need more professional staff who reflect the diversity of California to make sure that whoever shows up, when people show up to hospitals or need to access healthcare services, they are speaking or working with people who understand their culture, can speak their language." – **Irene Kao**

*911. What's your emergency?*

*America's healthcare system is broken and people are dying.*

Welcome to Code WACK!, where we shine a light on America's callous healthcare system, how it hurts us and what we can do about it. I'm your host Brenda Gazzar.

*(music)*

This time on **Code WACK!** How does a bill that Governor Gavin Newsom signed get California closer to single-payer health care? And how is it different from previous Medicare-for-All bills? To find out, we spoke to **Irene Kao**, executive director of **Courage California**, a progressive grassroots advocacy organization for which she's the first woman of color to lead. She's also a board member of the **Healthy California Now**, a single-payer advocacy coalition. This is the first episode in a two-part series with Irene Kao.

***Welcome to Code WACK! Irene. It's so great to meet you.***

**Kao:** Thank you. Thank you for having me.

***Q: Let's talk about Courage California. The website says the mission is to provide tools for communities organizing for change. Tell us about that. Which communities does Courage California work with and what kind of tools does the organization offer?***

**Kao:** So Courage California has 1.4 million members around California and the nation, and we really try to prioritize people who are underrepresented at key decision making tables. So that includes people of color, low-income communities, young people, LGBTQ-plus populations, but really essentially our goal is to try to engage as many Californians around the state as possible, and we do that both within our membership but also through partnerships and coalitions where we reach people who care about maybe specific top issues or folks who work at the more local and regional level.

And our goal is really to ensure that Californians feel like they have the tools and information they need to feel empowered to take action on the issues that they care the most about. That can take the form of sort of signing petitions, calling the representatives at the state or the national level, and really of course doing some of the usual things that other political organizations do – so turning people out to vote in every election that they're eligible for, holding corporations and elected officials accountable. Really quickly, just want to mention that we'll be launching our primary election Courage Voter Guide as well as a courage score that's covering this last 2023 legislative session in January.

***Q: That's great. You represent Courage California on the board of Healthy California Now, a single payer advocacy coalition. How did you become interested in the issue of healthcare justice and how important is this issue to Courage California?***

**Kao:** So Courage has always been statewide and multi-issue from the very beginning, and so we've always seen how different issues really intersect and interplay with each other. So for us, healthcare justice has always been a top priority and especially as it mixes with racial, economic and climate justice and I think especially in the last couple years, folks have especially seen how that has heightened with wildfires, more natural disasters and seeing the more immediate impacts of climate change, especially climate change on frontline communities. So that's taken a lot of different forms in terms of how we've supported health care and healthcare justice.

For instance, we've supported every single single-payer bill that's made it through the state legislature. We've been pushing for it at the federal level as well and then as you mentioned, we're part of the [Healthy California Now](#) coalition, but we're also part of a couple other coalitions that are focused on health care and looking at ways to expand access to affordable and culturally competent health care around California as well. So the [#Health4 All](#) coalition and the [Care4All California](#) coalitions specifically. And so it's both about what are sort of the big picture goals that we're trying to achieve around healthcare justice like single payer, but also what are the more incremental ways that we can keep making health care a lot more accessible and affordable.

***Q: Hmmm, got it. This year, the Healthy California NOW Coalition sponsored Universal Healthcare Bill SB 770 that, against significant opposition, made it through the California legislature and was just signed in October by Governor Newsom. The bill is said to establish a framework for statewide unified healthcare financing. What does that mean?***

**Kao:** Well, so for the Healthy California Now coalition, unified healthcare financing really means just single payer and that just very simply means there's just a single source that would pay for healthcare services for California residents. For us, for Courage and for the Healthy California Now coalition, this is really important because I think people are making the connection to how right now the healthcare insurance industry is very profit driven and because of that we have very different outcomes in health care than if it were more patient driven. So for us, single-payer healthcare run by the government sort of eliminates that profit motive and re-focuses health care back on patients and patient outcomes.

And this bill in particular is really about compelling California leaders to start having conversations with the Biden administration about what would help us qualify, what sort of single-payer program would qualify for a federal waiver, which would then unlock federal funding for a single-payer system. And I know that's really important 'cause almost always when we talk to people about single payer, (the) number one concern is cost. But we're really confident – there's been studies, especially by the Healthy for All California Commission that shows there will be cost savings. But you know, we still have to again, like demonstrate how we can actually pull down that funding to pay for a system like that.

***Q: Right. The bill also states it would establish a framework that would eliminate financial barriers to care and promote healthcare equity. How would it do that?***

**Kao:** Well, a couple ways. I think, again, pivoting away from health care being profit driven or cutting costs to being more patient driven, we'll automatically end

up with a just drastically different outcome and people have very different experiences with health care. I think the other really significant one is under a single-payer program, everybody, every resident of California would be entitled to high quality, culturally competent healthcare services. So that means health care would no longer be tied to employment, which obviously is really important. But then it would also help to eliminate barriers that people are facing now in accessing health care, whether that's age, disability, income, immigration status and so by virtue of that, it would make things a lot more equitable.

But I also want to acknowledge that we also recognize, and I think a lot of folks recognize that we also need to get our healthcare system itself to be a lot more equitable so we need more professional staff who reflect the diversity of California to make sure that whoever shows up, when people show up to hospitals or need to access healthcare services, they are speaking or working with people who understand their culture, can speak their language and just can consider health care in a much more holistic, again, like culturally competent way and specific to that patient instead of, you know, feeling like people are like cycled in and out of a system that sort of treats them all the same.

***Q: Mm-Hmm. <affirmative>. That is so important. Do you have any personal stories that come to mind when you think of culturally competent care?***

**Kao:** Yes. I mean, like I've heard stories from several people who are second generation immigrant or first generation when they're young, they have started to learn English because they have had to go with their parents to help them translate at the hospitals at healthcare points so that their parents understand what's happening and so they learn to do that translation really young, and that's one of the ways that they learn this kind of language. So I've heard that.

I've also heard from other people, I think especially when it comes to mental health or other healthcare issues, folks, I mean including myself, we come from very specific cultural backgrounds, specific ways our parents are raised according to where they've come from. Me being a second generation immigrant, I'm Chinese American, my parents weren't really traditional, but at the same time a lot of traditional Chinese culture shaped how we grew up and how our parents talked to us or didn't talk to us about health care or mental health.

And so going to a healthcare provider, I can already think about the ways in which I'm not comfortable speaking about some things because, you know, that's not how I was raised. But also when I think about me and other folks in my family, when they want to ask for care, they don't necessarily want to be prescribed a medicine. They want healthcare practitioners who will consider other forms of

medicine and healing that are really important to our culture – so acupuncture and more holistic medicines.

And so again, there's a lot of potential there. And I think the more we see, and here people who are, are like us in the healthcare system, we'll understand that and are conversant in some of that that again feels like we're being treated as like whole patients instead of again, like sort of cycled through a sort of like, okay this is your diagnosis, this is what we're giving you, and then you're back out the door.

***Q: Right. And do you think that if we got rid of the profit driven system, there's actually more time and resources for people to deliver culturally competent care?***

**Kao:** Yes. 'cause I think both there will be more incentive for that because again, when you're focused on the patient, you want better outcomes for the patient. And so long term we know that that means more investment in preventative care. It means more investment in not just physical health, but mental health, behavioral health. A lot more services are on the table. And then I think also because single payer, at least the way we envision it as a coalition, and this bill sort of envisions it, is by bringing more people to the table to talk about what's really needed in a single-payer system so that single payer is not just a process or a way, but just a whole framework, a more holistic framework towards approaching health care. By nature of bringing more people to the table, you have to start having conversations about what is also not working in the current healthcare system that we have and what could be done to improve that and single payer is a vehicle for it, but it's not going to be the thing that solves all of those either.

***Q: Got it. Is there anything else you want to say about SB 770 and what it would do?***

**Kao:** Yeah, I think one of the key parts of it too is, you know, single payer is so big, it's so significant. Whenever I talk to people about single payer, the number one concern is that it's so significant and so big that if it fails, it fails in such a significant way that it chills any kind of significant healthcare reform in California, in the nation. So I've heard a lot of interest from folks wanting to ensure that these more incremental steps are taken so engaging more people in these conversations, trying to have the state leaders and the federal leaders talk to each other to figure out what program will actually work and help us access the most funding so that we have all these pieces in place for this program to be as successful as possible. So for me, this bill also, both, it starts to again, compel these leaders to have these conversations, helps us bring more stakeholders into this work to build this program together, but it also does it on a very specific

timeline to make sure that it keeps happening cause I think right, with any big policy, there's always this fear of 'we go for the big policy every year, it fails, we bring it again the next year and it fails and then there's questions about is there really political will to make this happen?' And so with this bill, I feel like what's really important is it helps us build towards the policy, build towards the funding model, but also helps us build that political will cause we already know from polling and focus groups that the majority of Californians, but especially people of color, low-income people support single payer, but their voices aren't well represented at these policy tables and so we want to make sure that their voices are, and that their concerns and demands are incorporated into this program.

And so again, outlining clear steps and a clear timeline helps us make sure that we're making progress all the time on single payer as opposed to waiting for like the one big policy or the one big step to happen. So to me, this will help it be a lot more successful in the long term. But for single-payer advocates, this is also a big win because we're making progress. Again, we're not waiting for one big thing. We can take steps now to make sure that this single-payer program is successful here in California.

***Q: Hmm. Great. So do you think that's one of the main differences between Senate Bill 770 and previous bills that were introduced by California senators, for example, Sheila Kuhl, Mark Leno, Ricardo Lara, and others?***

**Kao:** Yeah. I mean I do want to also recognize how significant those bills were and also want to recognize that they did have a lot of popular support. But I also want to highlight too with this SB 770 bill the objectives and the goals are the same as those bills, but part of the reason why some of the bills have not passed in the past is because they're sort of outstanding questions or issues with the single-payer system. And so if we're engaging more stakeholders now to try to resolve those questions, for me, that sort of clears the runway for single payer to be passed by the state legislature and the voters because people will have seen the care taken to ensure that, again, like it's more comprehensive, more people are involved in figuring out the details and that there aren't these lingering questions or concerns anymore. I mean, there probably will be, I mean, there's still going to be people who oppose single payer, especially from the healthcare insurance industry. But in terms of like good faith questions and concerns hopefully will be resolved in this kind of a process.

***Thank you, Irene Kao. Stay tuned for next time when Irene talks about the main challenges in implementing California's new single-payer law.***

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